



Fax: 614-529-6017 DO NOT E-MAIL!

PAYMENT BY CREDIT CARD

(this is NOT a "soft account" - form is shredded after intended use)

Print name as it appears on Credit Card:	IF THIS IS INCOMPLETE IT WILL NOT BE PROCESSED.
	Date:
Cardholder or Authorized Signature:	Contact Name & Phone #:
	List information that will connect this transaction to your permit/inspection/record. (i.e. address &/or permit number – company name).
Billing Address for Credit Card: Street # & .	Zip Code ONLY Street #: Zip Code:
Circle the credit brand you will be using:	VISA MasterCard DISCOVER AMERICAN EXPRESS
Except for American Express, credit cards ha	ve 16 digits:
Expiration Date: Month Year	3 OR 4 digit CVN number on back of card
If payment is being made by credit card, plea	se provide the information above, sign and return this form.
If payment is for a permit, the form must be	mailed or faxed with the permit application.
The information contained on this document approval code is obtained.	is <u>not</u> part of the Public Record if faxed and will be shredded after an
Thank you, The Planning & Building Division	